RCE - 8/18/03

## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

Effective January 1, 2003								L	091	VO CK	100 /	
		CLAIMS AS	S FILED - (Column	2L				SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
TC	OTAL CLAIMS			i:			RA	E	FEE	1	RATE	FEE
FC	PR		NUMBER	FILED	NUMB	ER EXTRA	BASIC		<del></del>	OR	BASIC FEE	<del></del>
тс	TAL CHARGEA	BLE CLAIMS	∂ ( minus 20 = *				X\$ :	9=		OR	X\$18=	
INC	EPENDENT CL	_AIMS	2 minus 3 = * -				X42	2=		OR	X84=	
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT				+14	)=		OR	+280=	
* If	the difference	in column 1 is	less than ze	ТОТ		375	OR	TOTAL				
CLAIMS AS AMENDED - PART II									<u> </u>		OTHER	THAN
	No. of the last of	(Column 1)		(Colum		(Column 3)	SMA	LL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER OUSLY	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=	X\$ 9	)=		OR	X\$18=	
AME	Independent	*	Minus	*** PENDENT	CLAIM	=	X42	=		OR	X84=	
<b></b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+140	)=		OR	+280=	
							TC ADDIT.	TAL		OR	TOTAL ADDIT. FEE	
	(Column 1) (Column 2) (Column 3)						,,,,,	,			~DDII. I LL:	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent	*	Minus	***	OL ALM	=	X42	=		OR	X84=	
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+280=	
							TO ADDIT. I	TAL		OR ,	TOTAL ADDIT, FEE	
		(Column 1)		(Colum		(Column 3)	, im = ,					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	BER USLY	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
ND	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
AME	Independent FIRST PRESE	* NTATION OF MI	Minus	*** PENDENT	CLAIM	=	X42:	=		OR	X84=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=										OR	+280=	
* ( ** (	<ul> <li>* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> </ul>									OR OR	TOTAL	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

BEST AVAILABLE

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09882627

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE  OR			OTHER THAN SMALL ENTITY		
TC	TAL CLAIMS		32					RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00	
то	TAL CHARGEA	BLE CLAIMS	ろ <del>フ m</del> inus 20=		· 1 <del>2</del>			X\$ 9=	108	OR	X\$18=		
IND	EPENDENT CL	AIMS	mi mi	nus 3 =	* <b>6</b>			X40=		OR	X80=		
ΜU	LTIPLE DEPEN	DENT CLAIM P	RESENT		7			+135=		OR	+270=		
* If the difference in column 1 is less than zero, enter "0" in column 2					olumn 2		TOTAL	463	OR	TOTAL			
CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMALL E		OR	OTHER SMALL			
NT A		CLAIMS REMAINING AFTER		HIGH NUM PREVI	IEST IBER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL FEE	
<b>AMENDMENT</b>	Total	*	Minus	PAID	FOR	=		X\$ 9=	FEE	OR	X\$18=		
ME	Independent	*	Minus	***		=		X40=		OR	X80=		
<b>_</b>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							7	·		070		
								+135=		OR	+270=	2 1 1 1 1	
								TOTAL ADDIT. FEE	A. N.	OR	TOTAL ADDIT. FEE	<b>为此</b> 接	
	(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST					, ,							
ENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDIS TIONAL FEE	
AMENDMENT	Total	*	Minus	**		=		X\$ <sub>.</sub> 9=		OR	X\$18=		
AME	Independent	*	Minus	***	T O1 A 13 A	-	-	X40=		OR	X80=	BE	
L	FIRST PRESE	NIATION OF M	PENDEN	NDENT CLAIM			+135=		OR	+270=			
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	AUDI TIONAL FEE	
NON	Total	#	Minus	**		=		X\$ 9=	, i	OR	X\$18=		
MEI	Independent	*	Minus	***		=	ا إ	X40=	,	OR	X80=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]	+135=		OR	+270=	**	
* If th entry in column 1 is less than th entry in column 2, write "0" in column 3.  ** If th "Highest Number Previously Paid For" IN THIS SPACE is less than 2c, enter "20."  ***If th "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													